



Seattle City Employees' Retirement System

Board of Administration

Cecelia M. Carter, Executive Director

Ret No.: _____

PORTABILITY CLAIM FORM

By submitting this claim under the portability provisions established in Seattle Ordinance 11560 and RCW 41.54, I am requesting verification of my dual membership in more than one qualified retirement plan in the State of Washington. By signing this form, I hereby assert I am earning or have earned service credits in the following retirement plans.

Organizations/Jurisdictions Covered by Portability	Dates of Membership
<input type="checkbox"/> Seattle City Employees' Retirement System (SCERS)	_____ to _____
<input type="checkbox"/> Tacoma Employees' Retirement System (TERS)	_____ to _____
<input type="checkbox"/> Spokane Employees' Retirement System (SERS)	_____ to _____
<input type="checkbox"/> Washington Public Employees' Retirement System (PERS I, II & III)	_____ to _____
<input type="checkbox"/> Washington School Employees' Retirement System (SERS II & III)	_____ to _____
<input type="checkbox"/> Teachers' Retirement System (TRS I, II, & III)	_____ to _____
<input type="checkbox"/> Law Enforcement Officers/Fire Fighters Retirement System - Plan II (LEOFF II)	_____ to _____
<input type="checkbox"/> Washington State Patrol Retirement System (WSPRS)	_____ to _____
<input type="checkbox"/> Other: _____	_____ to _____
	_____ to _____

In completing this form, I understand that:

1. Dual membership will only be established once my eligibility has been verified and certified by the Seattle City Employees' Retirement System;
2. Benefits under dual membership include combining time worked under multiple retirement systems to qualify for retirement and to determine the percentage of salary factors used by each retirement system. This means the number of years I work in each system will be combined to determine vesting rights and retirement eligibility.
3. Creditable service may only be accrued in one participating retirement system at a time.
4. I must have an aggregate of 5 years of retirement service credit in order to be vested.
5. At retirement age, I may request a monthly pension.
6. I may, at any time, change this decision to establish dual membership and have my contributions plus interest in SCERS refunded to me.
7. Establishing dual membership and vesting my retirement funds will not entitle me to sick leave pay off.
8. I will not be permitted to continue coverage under the "Death Benefit" plan.

Signature

Date

(OVER)

City Employees' Retirement System, 720 Third Avenue, Suite 900, Seattle, WA 98104

Tel: (206) 386-1293, Fax: (206) 386-1506, Toll Free: (877) 865-0079

An equal employment opportunity. Accommodations for people with disabilities provided.

Verification Information

Printed Name:			
Street Address:		City:	
State:		Zip:	
City Department:		Title:	
Telephone No.:		SS No.:	
SCERS Member Date:		Separation Date:	
Approximate Contribution Total:	\$		
Birth Date of Applicant:		Birth Date of Spouse or Reg. Domestic Partner:	